

City of Lincoln Appointment Application

PERSONAL INFORMATION

Application Date: 9/21/2009
Salutation: Mr. **Applicant Name:** Neal, Scott
Legal Residence: 7200 Whitestone CR **City/State/ZipCode:** Lincoln , NE 68506
Residence Telephone: (402) 488-6664 **Business Telephone:** (402) 488-4421
Applicant Occupation: Owner **Employer:** Righth At Home In Home Care and
E-mail Address: caregiver@caringrah.com
Affirmative Action Information: Sex Male **Racial/Ethnic Background:** Caucasian/White

EDUCATION

Lincoln High Degree 1981
SCC Associates 1984

PRESENT OR PREVIOUS COMMUNITY/VOLUNTEER ACTIVITIES

ALZ, Lincoln Executive Club, Elder Care Link, Church St Josephs Men's and god teen programs, LIBA, Chamber,

EMPLOYMENT

Philips Medical Systems 1999-2007
Righth At Home In Home Care and Assistance

Board(s) Requested

Aging Partners Area Agency on Aging Areawide Advisory Co
Community Health Endowment Board Of Trustees
Workforce Investment Board